2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000055582

1. Entity Name

DOLPHIN TRADING CORPORATION OF MIAM!



FILED Jul 07, 2004 08:00 AM Secretary of State

Principal Place of Business

3069 NORTH WEST 82ND AVENUE MIAMI. FL 33122

Mailing Address

3069 NORTH WEST 82ND AVENUE MIAMI, FL 33122



07022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0601713 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SALDARRIAGA, RICARDO 1550 BRICKELL AVE. #105B MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

8.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

NAME

IIILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: .

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS 10. TITLE Α SALDARRIAGA, RICARDO

STREET ADDRESS 3069 NORTH WEST 82ND AVENUE MIAMI, FL 33122 CITY-ST-ZIP

07/07/04-80004-004 550.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP NAME STRUET ADDRESS CITY+ST-ZIP TITUE STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

indicated on this report or supplemental report is true of the corporation or the receiver or trustee embyore changed, or on an attachment with an address with a Ricardo Saldarntial GNATIDE. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with er like empowered.

SIGNATURE AND TYPED OR P ED NAME OF SIGNING OFFICER OR DIRECTOR 07/02/2004 305-477-6352

Daytime Phone #